MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

02910

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County Caroline
City or town Greensboro.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgeley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isabella Andrews

3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced widow.
6 (b) Name of husband or wife John Andrews.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 25th 1868
8. AGE: Years 72 Months 1 Days 5 If less than one day hrs. min.
9. Birthplace England (Town, county, and state)
10. Usual occupation at home.
11. Industry or business
FATHER 12. Name Thomas Blackburn
13. Birthplace England
MOTHER 14. Maiden name Kathleen Moscoop
15. Birthplace England
16. Informant Mrs. Frank Hobbs
Address Greensboro.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-6-40 (month) (day) (year)
Cemetery or crematory Ridgeley Cemetery,
Location Ridgeley, Md.
18. Funeral director J. Virgil Moore & Son
Address Denton Md.
19. Mar. 5 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 1:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to March 4 1940, and that I last saw her alive on March 3 1940.
Immediate cause of death Broncho Pneumonia DURATION 3 da
Due to
Due to
Other conditions Anemic Myocarditis and hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Stoneseifer M.D. M. D. or other
Address Greensboro Md Date signed March 6 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

02911

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Smithson

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Smithson

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Brown

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lillian Brown

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) January 4, 1884

8. AGE: Years 56 Months 7 Days 4 If less than one day ____ hrs. ____ min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual occupation Huckster

11. Industry or business Selling Produce

FATHER 12. Name No data

13. Birthplace

MOTHER 14. Maiden name No data

15. Birthplace

16. Informant Mrs. Lillian Brown

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 11, 1940 (month) (day) (year)

Cemetery or crematory Denton Colored Cemetery

Location Denton, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. 3/11 (Date rec'd by registrar) 1940 Sincha D. Clemmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 6:30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 8 1940, and that I last saw h[illegible] alive on March 8 1940.

	DURATION
Immediate cause of death Coronary Occlusion	30 min.
Due to Chronic Myocarditis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Linda B. Plummer M. D. or other

Address Preston Md Date signed Mch 11 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02912

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro. R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mable Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femail	b	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 2 1916

8. AGE: Years: 23 | Months: 10 | Days: 12 | If less than one day: hrs. min.

9. Birthplace: near Greensboro. Caroline. Md,

(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER — 12. Name: Dennis Brown

13. Birthplace: Greensboro. Caroline, Md,

MOTHER — 14. Maiden name: Sarah Coker

15. Birthplace: Greensboro. Caroline, Md,

16. Informant: Dennis Brown

Address: Greensboro. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March. 16. 1940 (month) (day) (year)

Cemetery or crematory: Union Cemetary

Location: Greensboro, Md,

18. Funeral director: Raymond B, Rawlings

Address: Greensboro. Md.

19 March 16 1940 L. Mac Pippin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to Mar. 14 1940, and that I last saw h alive on March 13 1940

Immediate cause of death: Lobar Pneumonia — DURATION: 4 days

Due to

Due to

Other conditions: Myocarditis — (2)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas W Stonesifer MD

M. D. or other

Address: Greensboro Md — Date signed: 3/16/40

RECEIVED
APR 4 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

02913

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Denton Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Denton Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Henry Dickerson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Annie R. Dickerson

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): October 28 1869

8. AGE:

Years	Months	Days	If less than one day
70	4	21	hrs. min.

9. Birthplace: Federalsburg Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General Labor

FATHER

12. Name: Joshua Dickerson

13. Birthplace: Caroline County Md.

MOTHER

14. Maiden name: Sarah E. Holland

15. Birthplace: Caroline County Md.

16. Informant: Mrs. Annie R. Dickerson

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 21 1940 (month) (day) (year)

Cemetery or crematory: Federalsburg Colored Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. T. Frampton & Son

Address: Federalsburg, Maryland

19. March 20 1940 (Date rec'd by registrar) T. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1940, at 12 M Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/15 1940, to 3/19 1940, and that I last saw h/m alive on 3/19 1940.

	DURATION
Immediate cause of death: Uremia	2 wks.
Due to: Interstitial Nephritis	5 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D. M. D. or other

Address: Federalsburg, Md Date signed 3/20/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02914

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Keller Evans.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	unmarried

6 (b) Name of ~~husband~~ or wife Eura Jennie Evans (wife)

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16th 1869.

8. AGE: Years 70 | Months 11 10 | Days 29 | If less than one day hrs. min.

9. Birthplace Caroline Md

(Town, county, and state)

10. Usual occupation Clerk in store

11. Industry or business

FATHER 12. Name David Evans.

13. Birthplace Caroline Co. Maryland.

MOTHER 14. Maiden name Mary E. Bland.

15. Birthplace Talbot County. Md

16. Informant Eura Chas Evans (wife)

Address Denton Md.

17. Buried Date thereof 3-18-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton. Md.

18. Funeral director J. Virgil Eacom & Son

Address Denton. Md.

19. March 18 19 40 Wm D. O. George

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 0238 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1940, to March 15 1940, and that I last saw him alive on March 15 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions Diabetes Mellitus	11 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Kurtz M.D. M. D. or other

Address Denton Md Date signed Mch 15-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92b)

02915

CERTIFICATE OF DEATH

Reg. Dist. No. 6 r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Denton 2nd

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton 2nd. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lottie Halland.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband ~~or wife~~ Head Halland

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 5 1874

8. AGE: Years	Months	Days	If less than one day
66 65	7	13	hrs. min.

9. Birthplace Caroline County, Md.

(Town, county, and state)

10. Usual occupation House work.

11. Industry or business

FATHER

12. Name Spencer Robinson

13. Birthplace Dorchester Co. Md.

MOTHER

14. Maiden name Mother - (Unknown)

15. Birthplace Dorchester Co, Md.

16. Informant Head Halland (Husband)

Address Denton. 2nd

17. Buried Date thereof 3-19-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jersey Grove Cemetery

Location Denton 2nd.

18. Funeral director J. Virgil Anderson & Son

Address Denton 2nd.

19. Mch 20 1940 D. D. George

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 18 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 10' 1940 to Mch 18' 1940, and that I last saw h~~e~~r alive on Mch 17' 1940

Immediate cause of death	DURATION
Chronic Mitral Stenosis	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer H Mitchell M. D. or other

Address Denton Md Date signed 3/20/40

RECEIVED
APR 6 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Caroline Registration Dist. No. ~~[illegible]~~ 62 no. dropped 3/6/43 a.s.

Village or City near Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Jackson If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 25-1940

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
still born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) near Denton (State or country) Md

FATHER

13. NAME Leonard Flamer

14. BIRTHPLACE (city or town) Denton (State or country) Md

MOTHER

15. MAIDEN NAME Mildred Jackson

16. BIRTHPLACE (city or town) Federalsburg (State or country) Md

17. INFORMANT Earl Jackson (Address) Denton R.F.D. Md

18. BURIAL, CREMATION, OR REMOVAL Place St Paul Cemetery Date 3-25, 1940

19. UNDERTAKER ~~Leonard~~ Parent (Address) Denton, Md

20. FILED 8-18, 1942 Wm H O Geary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1940, to March 25, 1940

I last saw h— alive on —, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Still born -	
Cause not determined	

Other Contributary Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Paul Smotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 5 1942 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75-C) tr

02916

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Caroline

City or town Near Harmony

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Queen Anne.

City or town ~~Preston~~ Graceville. Md. and No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Amanda Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	S.

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 14th 1907

8. AGE:

Years	Months	Days	If less than one day
32	11	29	____ hrs. ____ min.

9. Birthplace Graceville Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Paul Jones

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Susan Miles

15. Birthplace Virginia

16. Informant Mrs. Mary L. Anderson

Address R.D. Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-12-40 (month) (day) (year)

Cemetery or crematory J. & O.U.A.M. Cemetery.

Location Preston, Md.

18. Funeral director J. Virgil Brown Dow

Address Denton, Md.

19. 3/11/40 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at H.P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 13 1940, to March 9 1940, and that I last saw her alive on March 9 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	2
due to Status Epilepticus	2
Due to Epilepsy	2 Months
Other conditions Multiple Abrasions	2 Months

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thurd B. Plummer M. D. or other

Address Preston Maryland. Date signed 3/11/40

RECEIVED
APR 9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

02917

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Herbert Bernerd Lowe

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Nora May Lowe
6(c) If alive, give age 53 years.

7. Birth date of deceased (mo., day, yr.) October 27 1878

8. AGE:

Years	Months	Days	If less than one day
61	7	21	hrs. min.

9. Birthplace Queen Anne Co
(Town, county, and state)
10. Usual occupation Contractor & Builder
11. Industry or business Building
FATHER 12. Name John Emory Lowe
13. Birthplace Queen Anne Co
MOTHER 14. Maiden name Mary Melby
15. Birthplace Queen Anne Co ?
16. Informant Nora May Lowe (wife)
Address Ridgely, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 21 1940 (month) (day) (year)
Cemetery or crematory Greenhow Cem.
Location Greenhow Md.
18. Funeral director W. H. Hood
Address Church Hill Md.
19. May 20 1940 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 9:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1937, to March 18 1940, and that I last saw h[illegible] alive on March 18 1940.

	DURATION
Immediate cause of death Myocarditis	month
Due to Carcinomata, adeno-	9 mos and mos
Due to	
Other conditions metastasis to liver & spread to bladder & abd wall	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomata, sigmoid & nodules in liver, & spread in bladder & abd wall
Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Hayes M.D.
M. D. or other
Address Ridgely Md Date signed 3-19-40

RECEIVED
APR 2 1940
BUREAU V. S.

02918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 210 West Central Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Concord
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Harvey Lord

3. (b) Social Security Number 213-18-4435

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 26, 1921

8. AGE: Years 19 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER
12. Name Harvey B. Lord
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Olevia I. Hignutt
15. Birthplace Caroline County, Maryland

16. Informant Harvey B. Lord

Address Denton, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 12, 1940
(month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. March 10 1940
(Date rec'd by registrar)

J. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 10th 1940, at 12:10 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 18 .

Immediate cause of death fracture of skull. Auto accident.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Melvin N. Nichols
M.D. or other

Address Deputy Medical Examiner Date signed 3/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

02919

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 310 Park Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 310 Park Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Winfield Magee

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Edith Magee
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1890

8. AGE:

Years	Months	Days	If less than one day
49	8	11	hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)
10. Usual occupation Retired Miller
11. Industry or business Flour Mill
FATHER 12. Name Isaac Magee
FATHER 13. Birthplace Caroline County, Maryland
MOTHER 14. Maiden name Ellen Clark
MOTHER 15. Birthplace Caroline County, Maryland
16. Informant Catherine Magee
Address Federalsburg, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19 1940 (month) (day) (year)
Cemetery or crematory Federalsburg Colored Cemetery
Location Federalsburg, Maryland
18. Funeral director J. J. Hampton & Son
Address Federalsburg, Maryland
19. March 16 1940 (Date rec'd by registrar) J. J. Hampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to March 16, 1940, and that I last saw him alive on March 16 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	9-(37
Due to Arteriosclerosis	
Due to	
Other conditions Chronic Interstitial Nephritis	1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gannon M D
M. D. or other
Address Federalsburg Md Date signed 3-16-40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136a)

CERTIFICATE OF DEATH

02920

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Payne.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	B	Married

6 (b) Name of husband or wife Ella Payne.

6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years	Months	Days	If less than one day
72			hrs. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Farm.

FATHER 12. Name Payne.

FATHER 13. Birthplace Unknown.

MOTHER 14. Maiden name Unknown.

MOTHER 15. Birthplace Unknown.

16. Informant Lillie Whittington

Address Ridgely Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/7/40 (month) (day) (year)

Cemetery or crematory Denton

Location Denton Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. March 9" 1940 (Date rec'd by registrar) J. W. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 29 1939, to Mar. 3 1940, and that I last saw him alive on March 6 1940.

Immediate cause of death	Uremia	DURATION 1 wk.
Due to		
Due to		
Other conditions	Cardiac Renal Disease	(?)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clark V. Stevenson M.D. M. D. or other

Address Greensboro Md Date signed March 9 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
APR 2 1940
REAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-D

CERTIFICATE OF DEATH

Reg. Dist. No. 60 02921

1. PLACE OF DEATH:

County Caroline

City or town Marydell.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Marydell. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jessie F. Raymore.

3. (b) Social Security Number ✓

4. Sex Female

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed.

8 (b) Name of husband or wife Sugel Raymore.

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11, 1858

8. AGE: Years 82 Months 11 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Pensylvania. (Town, county, and state)

10. Usual occupation Housework.

11. Industry or business ✓

FATHER 12. Name Rennie Sugel.

13. Birthplace France.

MOTHER 14. Maiden name Susiana Kinsel

15. Birthplace Phila. Pa.

16. Informant William H. Raymore.

Address 3614 Fremont Ave. Camden N.J.

17. Burial (Burial, cremation, or removal, Which?) Date thereof March 30, 1940 (month) (day) (year)

Cemetery or crematory Greensboro Md.

Location Greensboro. Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. 3/28/40 (Date rec'd by registrar) 19 J. C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 24 1940, to Mar. 27 1940, and that I last saw her alive on Mar. 26 1940.

Immediate cause of death Cerebral Hemorrhage & hemiplegia

DURATION 4 da

Due to Arterio Sclerosis

Due to Cardio Vascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stoneafer M.D. M.D. Mother

Address Greensboro Md Date signed March 30 1940

RECEIVED
APR 2 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02922

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maple Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Maple Avenue

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Indianna Redhead

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 18, 1844

8. AGE: Years 95 | Months 4 | Days 23 | If less than one day hrs. min.

9. Birthplace East New Market, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name Edward Redhead

13. Birthplace Cambridge, Maryland

MOTHER 14. Maiden name Elizabeth Martin

15. Birthplace New Kent County, Virginia

16. Informant Ernest Redhead

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 13, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. March 13 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 7:20 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1932, to Mar 11 1940, and that I last saw h alive on Mar 10 1940

Immediate cause of death Chronic Myocarditis

Due to (Fatal Debility Old age)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

10 yr

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Knotts M. D. or other

Address Federalsburg Date signed 3/13/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

02923

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural Near

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Smithville

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 56 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Smithville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME F. Elmer Robinson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie L. Robinson

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 17 1883

8. AGE:

Years	Months	Days	If less than one day
56	7	14	____ hrs. ____ min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER

12. Name William H. Robinson

13. Birthplace Sussex County, Delaware

MOTHER

14. Maiden name Virginia Wilson

15. Birthplace Caroline County Maryland

16. Informant Mrs. Nellie L. Robinson

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. March 4 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 1939, to Feb 26 1940, and that I last saw him alive on Feb 26 1940

Immediate cause of death Coronary Thrombosis.

DURATION: Mar 1. 40

Due to Chronic Myocarditis - 4 yrs

Due to Arteriosclerosis.

Due to Generalized -

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Glenn M.D. M. D. or other

Address Federalsburg Md Date signed 3/4/40

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02924

1. PLACE OF DEATH (159)

County Carolina Registration Dist. No. 61

Village or City Greenstoro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ida Mae Seamans If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, end year) Feb. 7, 1940

7. AGE Years | Months | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mondell Seamans

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mildred E. Holden

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mondell Seamans (Address) Greenstoro, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hopkins Cemetery Felton, Del. Date Mar. 2, 1940

19. UNDERTAKER Mondell Seamans (Father) (Address) Greenstoro Md.

20. FILED Mar. 1st, 1940 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1940 to Feb 29, 1940

I last saw her alive on Feb 29, 19___; death is said to have occurred on the date stated above, at 6:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Stoneyfield M. D.

(Address) Greenstoro, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1248)

02925

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. **PLACE OF DEATH:**
County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 55 yrs

2. **USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Maple Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) **FULL NAME** John Murphy Ewing

3. (b) **Social Security Number** none

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna E (Temple) Ewing

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 28 1865

8. **AGE:** Years 74 | Months 10 | Days 24 | If less than one day: hrs. min.

9. Birthplace Fairtow, Cumberland Co. N.J.
(Town, county, and state)

10. Usual occupation Carpenter & Basket Mfg retired

11. Industry or business Carpentry & manufacturing

FATHER
12. Name Michael H. Ewing
13. Birthplace New Jersey

MOTHER
14. Maiden name Sarah E. Mulford
15. Birthplace Cumberland Co N J.

16. Informant J. Mulford Ewing
Address Ridgely, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-24-40 (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton, Maryland

18. Funeral director J. Siegel Coon Sons
Address Denton Md

19. March 22 1940 (Date rec'd by registrar) J. H. Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 7:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1939 to March 22 1940, and that I last saw him alive on March 21 1940

	DURATION
Immediate cause of death	
Following Due to Cirrhosis of the liver	2 wks yrs a more
Due to Chronic nephritis	yrs
Other conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. **VIOLENCE:** If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Ewing M.D.
M. D. or other
Address Ridgely Md Date signed 3-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (91-a)

02926

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline

County Greensboro

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Life

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margrett E, Usilton

3. (b) Social Security Number

4. Sex: Femail

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Norman Usilton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 30, 1906

8. AGE: Years 33 | Months 2 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Greensboro, Caroline, Md,
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Robert Draper
13. Birthplace: Greensboro, Md,

MOTHER
14. Maiden name: Mary Minner
15. Birthplace: Delaware.

19. Informant: Norman Usilton
Address: Greensboro. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March. 17, 1940 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro, Md,

18. Funeral director: Raymond, B, Rawlings

Address: Greensboro, Md,

19. March 16 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to Mar. 14 1940, and that I last saw her alive on March 13 1940.

Immediate cause of death: Subacute Bacterial Endocarditis — DURATION: 4 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer M D
M. D. or other

Address Greensboro Md Date signed March 16 1940

RECEIVED
APR 4 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-A)

02927

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fannie Wampole

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Thos. Wampole
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 5, 1861

8. AGE: Years	Months	Days	If less than one day
78	11	12	hrs. min.

9. Birthplace: Perry, New York (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Don't know
13. Birthplace: " "

MOTHER
14. Maiden name: " "
15. Birthplace: " "

16. Informant: Dorothy Kennedy
Address: Preston, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/19/40 (month) (day) (year)
Cemetery or crematory: Jr. O. U. A. M.
Location: Linchester Near Preston

18. Funeral director: W. H. Hollis & Son
Address: Preston, Md.,

19. 3/18 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17 1940, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27 1940, to March 17 1940, and that I last saw her alive on March 17 1940

Immediate cause of death	DURATION
Hypertensile Cardio Renal Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lucy B Plummer M. D. or other
Address: Preston Maryland Date signed: 3/18/40

RECEIVED
APR 9 1940
BUREAU V. S.